

New Hampshire Real Estate Appraiser Board

APPLICATION FOR TEMPORARY PRACTICE PERMIT

Instructions

Please Print or Type. If additional space is required, attach additional sheets.

Enclose fee of \$150.00 (certified check or money order payable to the Treasurer, State of New Hampshire)

Attach all supplemental information listed in Part IV of this application.

Permits are issued for a six-month period.

There shall be no more than two permits issued in one calendar year.

Incomplete applications will be returned unprocessed

1.	Full Name					
	(First)	(Middle Name)	(Last)			
2.	Date of Birth:	/				
3.	Driver's License Number:					
4.	Legal Resident of:					
5.	Name of Principal Place of Busine	ess:				
6.	Contact Information					
		<u>Home</u>	Principal Place of E	<u>Business</u>		
	Address		_			
	City, State, Zip Code					
	Telephone Number		_			
	Fax Number:					
	E-Mail:					
For	questions 7 – 10 circle Yes or No.	For any questions answered "yes",	attach an additional page provid	ing the de	tails.	
7.	Have you ever been known by any	other name?		Yes	No	
	Have you ever had an appraiser lider state?	eense, certificate or temporary pract	ice credential refused by any	Yes	No	
eve	Have you or any partnership or corer been disciplined, sanctioned or fivoked, surrendered or resigned by the	ned or had a license, certificate or i	registration suspended,	Yes	No	
10. Have you ever been convicted of a felony or of a misdemeanor involving dishonesty, forgery, fraud, misrepresentation or similar offense?						

Tel. (603) 271-6186

 List all states in which you as <u>State</u> 		Type of Lic or Cert.	<u>Number</u>	Expiration
		-		-
Part II – Assignment				
2. Is property to be appraised p	oart of a federally	related transaction?		Yes No
3. Property(ies) being appraise	ed (attach addition	al sheets if necessary);		
	<u>F</u>	Property 1	Pro	perty 2
Address:				
City or Town:				
Property Type:				
Troperty Type.				
4. What is the estimated comple	etion date of this a	ssignment?		
- CIV				
5. Client Name:				
6. Client Address:				
7. Client Contact Name:				
Part III – Signature				
understand that I am not allowed pproved and I am issued a tempor RSA 310B, and further state that I am as set forth in RSA 310-B.	orary practice num	nber. I hereby pledge that I wi	ill comply with the	standards and ethics set fort
ignature of Applicant		Date		
art IV – Required Addit	ional Submiss	ions		
Copy of your current license	or certificate			
A letter of good standing from		ory body which issued your o	original license	
Phone number of that state ag	•			
A copy of the engagement let address and phone number of addresses.				
Explanation of any "yes" ans	wers to questions	7 – 10		
Signed and notarized Irrevoc	-			

Tel. (603) 271-6186

IRREVOCABLE CONSENT FOR SERVICE OF PROCESS

KNOW ALL PERSONS BY T	HESE PRESEN	TS THAT:		
			New Hampshire, and I am an applicant beforeal estate appraiser temporary practice per	
s equivalent to an appointment or pleading in any action or sui my activities as a certified, or l	by me of the cha t against me in ar icensed appraise and validity as it	ir of the Board as my a ny Court in the state issuer. I further agree that s	e New Hampshire Real Estate Appraiser B gent for service of a lawful summons, proc uing the temporary practice permit arising service so made upon the chair of the Board e on me personally in this state, and I waiv	cess out of d
	intiff's attorney		s or pleading is sent by registered mail by t t address furnished by me to the Board or t	
		ne plaintiff's attorney or a part of the return the	f the mailing is appended to the summons, ereof.	
luring normal business hours. Signature of Applicant				
Date				
State of				
County of		SS.		
Subscribed and sworn to/affirm	ned by		before me	
on this	day of		, 20	
		Signed:	(Notary Public/Justice of Peace)	
		My Commission	Expires	_